

097701921

Final Settlement

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		4		4		
6	1					
7		1				
8		1				
9		1				
10		1				
11						
12						
13		8		1		
14		1				
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47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			21			
TOTAL CLAIMS			23			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						